

VEHICLE INSPECTION REPORT

LIQUID WASTE PUMPING AND HAULING

Public Health - Seattle & King County

Name of pumping firm _____

Public Health Registration No. - KC ☐ No number at present time

Address _____ City _____ ZIP _____

Telephone (____) _____

Address where vehicles are stored _____

Name of business owner/operator _____

Name of pumper or representative present during inspection (please print) _____

COLLECTION VEHICLES:

	Make and Model	License Number	Wastewater Treatment Division # (if applicable)	Capacity in Gallons	Construction of Tank	Type of Sludge Release Outlet
1						
2						
3						
4						
5						

Are any trucks used only for storage or transport to disposal site? ☐ Yes ☐ No

If "yes":

- Describe how and where sludge transfer from pumper truck to this truck is done.
- Describe precautions taken to minimize and contain spills.
- Provide license number of truck.

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To be completed by DNR or Public Health Authority

EQUIPMENT INSPECTION:

S = satisfactory U = unsatisfactory

Equipment	Condition Inspected	Vehicles					Remarks: Complete if any item is marked "unsatisfactory" in columns at left
		1	2	3	4	5	
General Cleanliness	All equipment maintained and cleaned of spillage						
Tank Container	Leak proof, no dents or corrosion						
Tank Cover	Tight fitting, spill proof						
Release Valve and Hose	Valve, hose, fittings good, no leaks						
Sewage Suction Hose	Sound condition, drained after each use, sanitary storage						
Spill Cleanup Equipment	Water hose, disinfectant, hand sanitizer, 5 gal. of absorbent, 5 gal. bucket, broom & shovel						
Overfill Protection	Positive check valve present or contents level gauge						
Level Indicator	Recommended, but not required if check valve used						
Pump	Type, condition (able to handle septage without intake strainer)						
KC Registration Number	Proper size and contrasting color to vehicle color						
Annual Wastewater Vehicle Tab	Located near KC Registration Number						
Company Name	Legible on both sides of truck						

Additional remarks and/or concerns: _____

Satisfactory ☐

Unsatisfactory ☐

Date _____ Inspected by _____

(print name)

(Signature)

☐ Health and Environmental Investigator

☐ DNR Septage Coordinator

→ ☐ Disposal is authorized at the Renton Treatment Plant:

(Signature)